BALTIMORE CITY DEPARTMENT OF GENERAL SERVICES Capital Project Request Form

SECTION 1 – PROJECT REQU	ESTOR ar	nd SCOPE:				
Requestor:			Reque	Request Date:		
Agency/Department (Applicant):			-			
Phone number:		Email:				
Requesting Account Number:		- 1				
Project Address:		Building #:	Floo	r:	Room:	
Project Type:	1		,			
Does project need design?Y	orN o	rDon't know				
Project Description/Scope/Justifi project well as the last changes to this area. Attached the second	ch additional pa	ges if necessary.)				
Schedule: Requested Project Start	,		ocations rec		Yes No	
NOTE: This section is dedicated to identify project. These sources could come in the forthe sources of funding, the account number Proposed Budget:	orm of grants,	capital, operating, etc. Pl	ease use the s	pace provide		
Funding Source:		Account Number (if kno	wn):	An	nount (\$):	
Funding Source:	,	Account Number (if kno	wn):	An	nount (\$):	
			wn):	An	nount (\$):	
SECTION 3 – Requesting Ager	ncy APPR	OVALS	· · · · · · · · · · · · · · · · · · ·			
		OVALS		An Date: /		

ROUTING INSTRUCTIONS:

Requesting Agency/Department: Complete all known information. Send completed and approved project request to the following: DGSMajorProjects@baltimorecity.gov